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CONFIRMATION NO. 3409

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## APPLICANTS

JOHN H VRZALIK, SAN ANTONIO, TX;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 08/767,291 12/16/1996 ABN  
 which is a CIP of 08/382,150 01/31/1995 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS 10	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Signature	Initials				

## ADDRESS

30159  
 ATTN: LEGAL-MANUFACTURING  
 KINETIC CONCEPTS, INC.  
 P.O. BOX 659508  
 SAN ANTONIO , TX  
 78265-9508

## TITLE

BARIATRIC BED APPARATUS AND METHODS

FILING FEE RECEIVED 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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